

STATE OF HAWAII — DEPARTMENT OF TAXATION PUBLIC SERVICE COMPANY TAX RETURN CALENDAR YEAR 2024

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Place QR Code Here Human Readable text here

Based on income for calendar year 2023 or fiscal year beginning on 12-12, 2023 and ending 12-12, 2012 (First year, Second year, and Final year return filers, see Instructions)

(NOTE: Do NOT use Form U-6 to calculate and/or remit the counties' share of the public service company tax.)

Table with columns for Name, DBA, Mailing Address, City, State, and Postal/ZIP Code, Date Business Began in Hawaii, Hawaii Tax I.D. No., Federal Employer I.D. No., and Amount paid with this return.

CHECK BOX IF APPLICABLE:

- First year, Second year, Final year, Amended return, Paying tax in installments

SECTION I - COMPUTATION OF ADJUSTED GROSS INCOME

GROSS INCOME FROM PRECEDING TAXABLE YEAR BEGINNING IN 2023

1 Gross Income from Public Utility Business (describe fully from what sources received)

Main table for Gross Income from Public Utility Business with sub-sections a, b, c, d and lines 1a(1), 1a(2), 1a(3), 1b(1), 1b(2), 1b(3), 1c(1), 1c(2), 1c(3), 1d(1), 1d(2), 1d(3), 2, 3, 4, 5.

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Public Service Company Tax Law, Chapter 239, HRS. Signature of officer, Date, Title

Paid Preparer's Information: Preparer's Signature and Print Preparer's Name, Date, Check if self-employed, PTIN, Firm's name (or yours if self-employed), Address, and Postal/Zip Code, Federal E.I. No., Phone No.

Place QR Code Here	Name as shown on return NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer Identification Number 99-9999999
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SECTION II — COMPUTATION OF TAX (Line references are to lines on page 1.) **Note: Enter TOTAL TAX amount on page 1.**

PART I. — FOR PUBLIC UTILITIES TAXED UNDER SECTION 239-5 (a), (b) and (c), HRS.

Note: A Public Utility taxed under section 239-5(a), HRS, must also attach to this return year-end balance sheets, income statements, and an analysis of retained earnings for the utility and non-utility portions of the business.

A Line 5 less lines 1a(3), 1b(3), and 1c(3)	999999999.00	x 4.0% (fixed rate)	TAX AMOUNT		A	999999999.00
B Line 1a(3)	999999999.00	x 5.35% (fixed rate)	TAX AMOUNT		B	999999999.00
C Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT		C	999999999.00
D Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT		D	999999999.00
E TOTAL TAX (add lines A, B, C, and D)					E	999999999.00
F Nonrefundable Tax Credit - Credit for Lifeline Telephone Service Subsidy (see Instructions)					F	999999999.00
G Balance (line E minus line F, but not less than zero)					G	999999999.00
H Payment with Extension (attach Form N-755) (see Instructions)		H	999999999.00			
I Tax Installment Payments (see Instructions)		I	999999999.00			
J Total Payments (add lines H and I)					J	999999999.00
K TAX DUE (if line G is larger than J), enter AMOUNT OWED. (if line G exceeds \$100,000, see Instructions, When Is the Tax Payable)					K	999999999.00
L OVERPAYMENT (if line J is larger than line G), enter AMOUNT OVERPAID					L	999999999.00

PART II. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(b), HRS.

A TOTAL TAX (line 1a(3))	999999999.00	x 5.35% (fixed rate))			A	999999999.00
B Payment with Extension (attach Form N-755) (see Instructions)			B	999999999.00		
C Tax Installment Payments (see Instructions)			C	999999999.00		
D Total Payments (add lines B and C)					D	999999999.00
E TAX DUE (if line A is larger than line D), enter AMOUNT OWED. (if line A exceeds \$100,000, see Instructions, When Is the Tax Payable)					E	999999999.00
F OVERPAYMENT (if line D is larger than line A), enter AMOUNT OVERPAID					F	999999999.00

PART III. — FOR PUBLIC UTILITIES TAXED ONLY UNDER SECTION 239-5(c), HRS.

A Line 1b(3)	999999999.00	x .5 % (fixed rate)	TAX AMOUNT		A	999999999.00
B Line 1c(3)	999999999.00	x .5 %	TAX AMOUNT		B	999999999.00
C TOTAL TAX (add lines A and B)					C	999999999.00
D Payment with Extension (attach Form N-755) (see Instructions)			D	999999999.00		
E Tax Installment Payments (see Instructions)			E	999999999.00		
F Total Payments (add lines D and E)					F	999999999.00
G TAX DUE (if line C is larger than line F), enter AMOUNT OWED. (if line C exceeds \$100,000, see Instructions, When Is the Tax Payable)					G	999999999.00
H OVERPAYMENT (if line F is larger than line C), enter AMOUNT OVERPAID					H	999999999.00